PULSE TRANSPORTATION BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

SHIP FROM								Bill of Lading Number:							
[Name] [Street Address] [City, ST ZIP Code] SID No.:								BAR CODE SPACE							
SHIP TO									Carrier Name:						
[Name] [Street Address] [City, ST ZIP Code] CID No.:									Pulse Transportation 1600 N State Rt 291 Hwy Unit 965 Independence, MO 64058						
THIRD PARTY FREIGHT CHARGES BILL TO								SCAC:							
[Name] [Street Address] [City, ST ZIP Code]									Pro Number: BAR CODE SPACE						
Special Instructions:								Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid □ Collect □ 3rd Party □							
									☐ Master bill of lading with attached underlying bills of lading.						
CUSTOMER ORDER INFORMATION															
Customer Order No. # of Packages									ght		et/Slip e one)	Additional Shipper Information			
										Υ	N				
										Υ	N				
										Υ	N				
										Υ	N				
Grand	Total														
						CAR	RIER IN	FORM	IATI	ON			ı		
Handl	ing Unit	Pac	kage										LTL	Only	
Qty	Туре	Qty	Туре	Weight	(X)	Commodities be so marked	ty Description requiring special or additional care or attention in handling or stowing must and packaged as to ensure safe transportation with ordinary care. See f NMFC item 360								
Where the rate is dependent on value, chippers are required to state specifically in writing the agreed or															
Where the rate is dependent on value, shippers are required to state specifically in writing the agre declared value of the property as follows: "The agreed or declared value of the property is specific stated by the shipper to be not exceeding per							s specifical	Fee terms: Collect Prepaid Customer check acceptable							
		Note:	Liability lir	mitation for	loss or dan	nage in thi	s shipme	nt may	be a	applicab	le. See 49	9 USC § 14706(c)(1)(A) an	d (B).		
between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state					and all	carrier shall not make delivery of this shipment without payment of charges all other lawful fees. pper Signature									

Shipper Signature/Date This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: ☐ By shipper ☐ By driver	Freight Counted: ☐ By shipper ☐ By driver/pallets said to contain ☐ By river/pieces	Carrier Signature/Pickup Date Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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